

USER CHARGE SELF MONITORING REPORT

| | |
|-------------|-----------------|
| NAME | Abuelito Cheese |
|-------------|-----------------|

ADDRESS 607-609 Main street Paterson N.J.

| | |
|--------------------------|-----------------------------------|
| FACILITY LOCATION | 607-609 Main street Paterson N.J. |
|--------------------------|-----------------------------------|

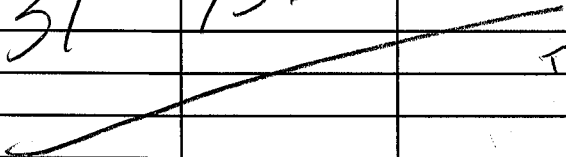
NEW CUSTOMER ID / OUTLET ID: 27220056-12

OLD OUTLET DESIGNATION:

RECEIVED
SEP 22 2008
INDUSTRIAL DEPARTMENT


| MONITORING PERIOD | | | | | |
|-------------------|-----|----|-----|-----|----|
| START | | | END | | |
| 08 | 01 | 08 | 08 | 31 | 08 |
| MO | DAY | YR | MO | DAY | YR |

| | | |
|--|-------|---------|
| VOLUME DISCHARGED THIS PERIOD | | |
| sanitary | 5,924 | GALLONS |
| CU. FT. x 7.48 = GALLONS | | |
| EFFLUENT METER READING LAST DAY | | |
| THIS PERIOD | | |

| DATE | BOD | TSS |
|---|-----|-----|
| 31 | 136 | 132 |
|  | | |
| | | TF |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

[illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|----------------------------|--|-------------------------|
| SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT | TYPE NAME AND TITLE | | TELEPHONE NUMBER |
|  | Carol Paiz General Manager | | 973-345-3503 |
| | | | |
| | | | 9/15/2008 |